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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 9291

SERIAL NUMB 09/656,255	SERIAL NUMBER 09/06/2 09/656,255 RULE		CLASS 700		GROUP ART UNIT 2125		ATTORNEY DOCKET NO. 9234			
APPLICANTS										
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** CONTINUING	DATA		•							
** FOREIGN APPLICATIONS ************************************										
IF REQUIRED, F6	OREI	GN FILING LICENSE G	RANTED	** SMALL E	NTITY *					
Foreign Priority claimed				STATE OR	SHEETS		то	TAL	INDEPENDENT	
Verified and Acknowledged	Exa	aminer's Signature II	nitials	COUNTRY	DRAWING 3		CLAIMS 14		CLAIMS 4	
ADDRESS 21905 CONNORS ASSO 1600 DOVE ST SUITE 220 NEWPORT BEAC 92660			•		-		-			
TITLE Dental prosthesis	manı	ufacturing process, dent	al prosthe	esis pattern & e	dental pr	osthesis	s made	thereb	y ·	
					<u> </u>	□ All Fees □ 1.16 Fees (Filing)				
FILING FEE	FEES: Authority has been given in Paper Noto charge/credit DEPOSIT ACCOUNT					□ 1.17 Fees (Processing Ext. of time)				
RECEIVED 684	No for following:					□ 1.18 Fees (Issue) □ Other				
							□ Credit			